

☐ Petitioner ☐ Respondent Pro Se

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAII

| | | |
|----------------|---|------------------------|
| _____ |) | FC-P No. |
| |) | |
| Petitioner(s), |) | STIPULATED JUDGMENT OF |
| |) | PATERNITY |
| vs. |) | |
| |) | |
| _____ |) | |
| |) | |
| Respondent(s). |) | |
| _____ |) | |

STIPULATED JUDGMENT OF PATERNITY

Petitioner filed a Petition in the above entitled matter, naming _____ as the father of the _____ (male/female) child born on _____ (date of birth) to _____ (mother's name) named _____ (name of child).

☐ Petitioner ☐ Respondent _____ (father's name) acknowledged paternity of subject child in writing.

☐ Petitioner ☐ Respondent _____ (mother's name) acknowledged maternity and paternity of subject child in writing.

_____ Respondent _____ (legal or presumed father) executed an Affidavit verifying that he is not the natural father of subject child, as he did not have access to the Natural Mother during the child's conception period.

THE PARTIES UNDERSTAND THEIR RIGHTS, WAIVE THOSE RIGHTS AND FREELY STIPULATE TO THE ENTRY OF THE FOLLOWING ORDERS:

BASED UPON A PREPONDERANCE OF THE EVIDENCE, IT IS HEREBY ORDERED AND ADJUDGED AS FOLLOWS:

_____ (father's name) IS THE FATHER OF THE _____ (male/female) MINOR CHILD BORN TO MOTHER _____ (mother's name) ON _____ (date of birth) NAMED _____ (child's name) AND THAT SAID CHILD IS STILL ALIVE AND HAS NOT BEEN ADOPTED.

___ The presumption of paternity of _____ (legal or presumed father) is rebutted by clear and convincing evidence and he is dismissed from this action as a party Respondent. Accordingly his name shall be deleted from the caption of this case and from subject child's Certificate of Live Birth naming him as the father of said child, and all references hereinafter made to the Respondent or Father shall be to _____ (father's name).

BIRTH CERTIFICATE:

___ The Department of Health shall prepare a new Certificate of Live Birth for subject child inserting Respondent's name thereon as the father. ☐ Said child's name shall be changed to:
(First) _____ (Middle) _____
(Last) _____
Father's full legal name: (First) _____ (Middle) _____
(Last) _____
Ethnicity: _____
Place of birth: _____ DOB: _____

CUSTODY: Custody orders in Domestic Abuse (HRS ch. 586) or Child Protective (HRS ch. 587) proceedings shall supersede the custody rights established in this order.

___ ☐ Father ☐ Mother ☐ Caretaker _____ (caretaker's name) is awarded legal and physical care, custody and control of the subject child.
☐ This is a temporary order.
___ Father and Mother are awarded joint legal custody, and ☐ Father ☐ Mother ☐ Father and Mother is/are awarded physical custody of subject child.
___ The issue of custody shall be reserved (to be determined at a later date).

VISITATION: Visitation orders established in Domestic Abuse (HRS ch. 586) or Child Protective (HRS ch. 587) proceedings shall supersede the visitation rights established in this order.

___ ☐ Father and/or ☐ Mother is/are granted rights of reasonable visitation.
___ Visitation shall be in accordance with ☐ Exhibit A ☐ the Supplemental
Order Re: Visitation filed in this case.
___ Visitation shall be as follows:

___ The issue of visitation shall be reserved (to be determined at a later date).

CHILD SUPPORT:

___ Obligor Father shall pay for child support the sum of \$ _____ each and every month commencing _____, and until subject child becomes 18, or until 23 so long as said child is still in high school or enrolled full time in an accredited educational or vocational institution, or until further order of the Court, pursuant to the Child Support Guidelines Worksheet filed herein.

___ Obligor Mother shall pay for child support the sum of \$ _____ each and every month commencing _____, and until subject child becomes 18, or until 23 so long as said child is still in high school or enrolled full time in an accredited educational or vocational institution, or until further order of the Court, pursuant to the Child Support Guidelines Worksheet filed herein.

___ Child support orders are temporary pending resolution of the child support issue which may result in modification retroactive to the commencement date of this order.

___ Exceptional circumstances warrant deviation from the Child Support Guidelines as follows:
☐ Obligor Father's ☐ Obligor Mother's total monthly child support obligation is greater than 70% of Obligor's available income for primary support, therefore child support is assessed at 70% of Obligor's available income.
☐

___ Child support shall be suspended effective _____, while the parties and their child(ren) are an intact family unit and/or while Obligor is receiving Temporary Aid to Needy Families (hereafter TANF). The above order(s) for child support shall be automatically reinstated the month the subject child(ren) begins receiving TANF or the Obligor is no longer receiving TANF.

___ The issue regarding child support shall be reserved (to be determined at a later date).

PAST CHILD SUPPORT:

___ Judgment shall enter against the Obligor Father for the sum of \$ _____ for past child support owing to Department of Human Services (hereafter DHS) for the period(s)

through _____. Obligor shall pay the sum of \$_____ each and every month commencing _____ until the judgment is fully paid.

____ Judgment shall enter against Obligor Mother for the sum of \$_____ for past child support owing to DHS for the period(s) _____ through _____. Obligor shall pay the sum of \$_____ each and every month commencing _____ until the judgment is fully paid.

____ Judgment shall enter against _____ for the sum of \$_____ for past child support owing to _____ for the period(s) _____ through _____. Obligor shall pay the sum of \$_____ each and every month commencing _____ until the judgment is fully paid.

____ The issue regarding past child support shall be reserved (to be determined at a later date).

BIRTH RELATED MEDICAL AND HOSPITAL EXPENSES:

____ Judgment shall enter against Obligor Father for the sum of \$_____ for reimbursement of said expenses owing to [] DHS [] Mother.

____ Father shall pay the sum of \$_____ each and every month commencing _____, and until said expenses have been fully reimbursed.

____ The issue regarding reimbursement of birth related medical and hospital expenses shall be reserved (to be determined at a later date).

GENETIC TESTING COSTS:

____ Judgment shall enter against Father for the sum of \$_____ for reimbursement of said costs owing to CSEA.

____ Father shall pay the sum of \$_____ each and every month commencing _____ and until genetic testing costs have been fully paid.

____ The Order of Income Assignment filed on _____, for payment of genetic testing costs shall continue until paid in full.

PAYMENTS:

All payments ordered above shall be made payable to and mailed to the **CHILD SUPPORT ENFORCEMENT AGENCY, P.O. Box 1860, Honolulu, Hawaii 96805-1860.**

All payments are deemed child support in accordance with the laws of the State of Hawaii.

INCOME WITHHOLDING: All payments for child support shall be payable by way of an Order of Income Withholding served on Obligor's current as well as successor employer.

PAYMENTS BY OBLIGOR(S): When the income withholding is not in effect, Obligor

shall make payments to CSEA as ordered above until the income withholding is effected, or at any time said assignment ends and support obligation continues. All payments made by Obligor(s) not made by way of income withholdings shall be made by money order, cashier's check or certified check payable to the Child Support Enforcement Agency and mailed to the address listed above.

COLLECTION OF SUPPORT, ARREARS OR DEBTS: In addition to any payment plan to liquidate the amounts owed as ordered in the above-entitled action or related administrative proceeding, CSEA can collect support and/or the full amount of any support arrears or support debt through State and Federal tax refund interception, seizure of property, withholding of income, unemployment insurance benefits, worker's compensation, and retirement benefits, or any other lawful means of collection. CSEA's collection efforts will continue until the support, arrears or debt is paid in full, and information relating to the support, arrears or debt may be disclosed to consumer credit reporting agencies.

NOTIFICATION TO CSEA: Parties shall notify CSEA in writing at the above address of their residential and mailing addresses, telephone number, social security number, driver's license number if different from their social security number, name, address and telephone number of the party's employer. The parties shall also inform CSEA of any change to the above information within ten days.

MEDICAL INSURANCE:

- ___ ☐ Obligor Father ☐ Obligor Mother shall provide medical health insurance coverage for subject child and shall provide Obligee and CSEA proof of coverage within 30 days of the date of this hearing, if not already provided.
- ___ ☐ Obligor Father ☐ Obligor Mother does not have the present financial capacity of providing medical health insurance coverage for subject child and is hereby ordered to provide such coverage for said child when it becomes available through obligor's employer or union, as long as it does not reduce obligor's ability to pay child support.
- ___ Both parents are equally responsible for all unreimbursed extraordinary medical and dental expenses of said child.
- ___ The issue regarding medical insurance coverage shall be reserved (to be determined at a later date).

OTHER PROVISIONS:

- ___ If applicable, Obligor shall provide subject child with all available military dependent's benefits, and provide proof thereof to Obligee within 60 days.
- ___ Except as amended herein, all existing orders of this Court shall remain in full force and effect.
- ___ _____ shall appear before this Court for _____ on _____, at _____ .m. ☐ at which time _____

shall submit the following:

- ☐ Income and Expense and Asset and Debt Statements
- ☐ Pay statements for the last three months worked
- ☐ Tax returns filed since the year of the subject child's birth
- ☐

____ FURTHER ORDERS:

DATED: _____, Hawaii, _____.

JUDGE OF THE ABOVE-ENTITLED COURT

APPROVED AS TO FORM AND CONTENT:

Mother's Name and Signature:

Social Security No:

Address:

Mother's Employer's name and address:

Birth date: _____

Signature of Attorney for Mother:

Father's Name and Signature:

Social Security No:

Address:

Father's Employer's name and address:

Birth date: _____

Signature of Attorney for Father:

Caretaker's Name:

Social Security No:

Address:

Birth date: _____

Signature of Attorney for Caretaker:



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Family Court Administration Office at PHONE NO. 244-2700, FAX 244-2704 OR TTY 244-2889 at least ten (10) working days prior to your hearing or appointment date. For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793